



**City of Nogales**  
Finance Department  
777 N. Grand Ave.  
Nogales, Arizona 85621

License No. \_\_\_\_\_  
License Type: \_\_\_\_\_  
Naics Code: \_\_\_\_\_  
Fee: \_\_\_\_\_  
*For Office Use Only*

## BUSINESS LICENSE APPLICATION

A **\$35.00 non refundable fee** is due at the time of application and renewable annually  
Licenses will not be issued the same day as application receipt

☐ New

☐ Change in Information

(Please Type or Print Clearly)

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Physical Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Business Phone: \_\_\_\_\_ Business Start Date: \_\_\_\_\_  
Format: mm/dd/yyyy

E-Mail Address: \_\_\_\_\_

Business Type: ☐ Contractor ☐ Retail ☐ Rental ☐ Service ☐ Other

Brief Description of Business Type: \_\_\_\_\_  
(If contractor attach copy of contractors' license)

Number of Employees: \_\_\_\_\_

**Required:** State Sales Tax License #: \_\_\_\_\_ Federal I.D. or SSN #: \_\_\_\_\_

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

Name of Owner, Partner, or Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: \_\_\_\_\_

**NOTICE: If you purchased this business, be sure all taxes have been paid by the former business and a tax clearance has been issued by the City of Nogales. Under the law you may be held liable for any unpaid taxes due.**

I HEREBY CERTIFY THAT ALL STATEMENTS ANSWERED ON THIS FORM ARE TRUE AND COMPLETE

\_\_\_\_\_  
(Signature of Owner, Partner or Officer)

\_\_\_\_\_  
(Date)

Please send completed and signed form to [businesslicense@nogalesaz.gov](mailto:businesslicense@nogalesaz.gov)